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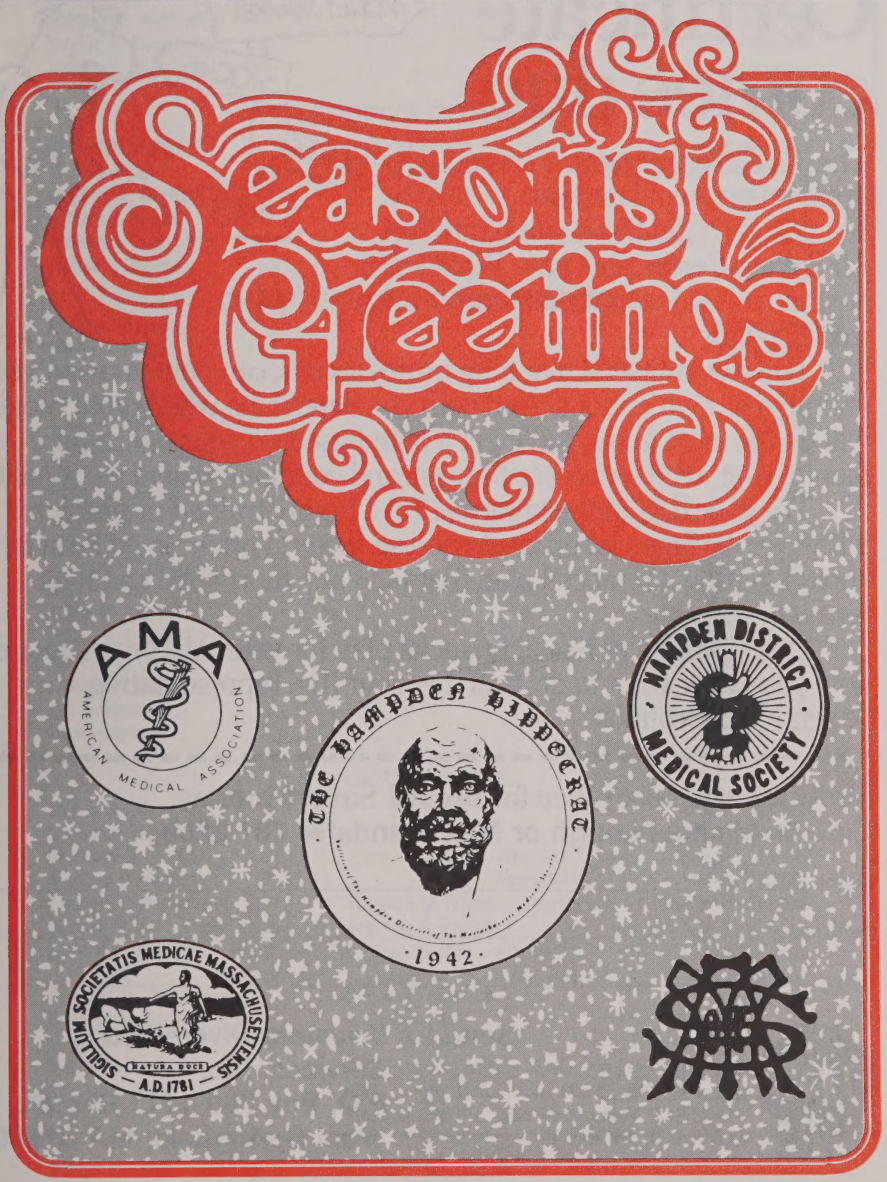

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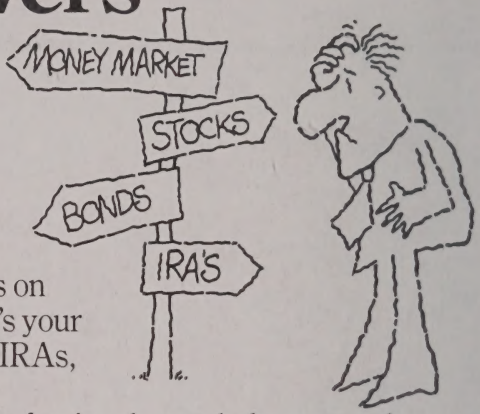

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HAMPDEN DISTRICT MEDICAL SOCIETY 1982 - 1983 SEASON

Second meeting of the membership for 1982-1983

DATE:	Tuesday, January 25, 1983
PLACE:	Marriott Hotel 1500 Main St. Springfield, MA
BUSINESS MEETING:	6:00 P.M.
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M. Promptly, Courtesy of HDMS
PROGRAM:	Legislators invited Wives invited
SPEAKER:	Percy W. Wadman, M.D., President of Massachusetts Medical Society
TOPIC:	"Medicine and Politics"
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THE HAMPDEN HIPPOCRAT · 1942 ·

DECEMBER 1982
JANUARY 1983

VOL. XXXX NO. 10

Contents

The official bulletin
for The Hampden District
of the Massachusetts
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President's Page 6

Health Care Coalitions: One Alternative for Control of Health Care Costs 8

Christmas: A Poem 14

Cancer 16

Springfield Academy of Medicine 18

In Memoriam 19

In Memoriam 22

Highlights of the November Executive Meeting 24

Security 26

Publications Committee 28

THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
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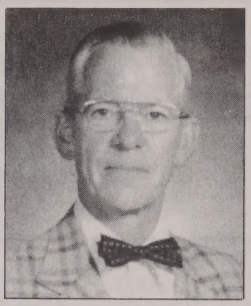

Garry deN. Hough, III, M.D.
President

PRESIDENT'S PAGE

SEASON'S GREETINGS

In the past two months, I have been trying to serve H.D.M.S. members in two capacities — as Chairman of the ad hoc committee on Medicine/Business Coalitions and as alternate Massachusetts delegate to the Interim '82 AMA meeting.

On October 26, 1982 the Greater Springfield Health Care Coalition sponsored an afternoon seminar on Health Care Cost containment. About 150 persons attended, mostly from the business community, but including several local and out-of-town physicians. The primary goal of announcing the Coalition to the community was achieved by the size and interest of the audience and by front page coverage in the Springfield Morning Union. The presentations were necessarily brief, but hopefully persuaded the business community that we can help them obtain optional cost/benefit ratios for medical care of their employees. Dr. Frank Jirka, AMA President-Elect, was most effective as a wrap-up speaker and most cordial with the news media. We owe him our sincere thanks. The Coalition Steering Committee is now in place, with as broad a community representation as any coalition in the country. The fine work groups should start to function by the beginning of the new year. Dr. J.J. Siragusa has agreed to head the work group on Health Planning and Dr. Thomas O'Neill will chair the Health Education work group.

The December meeting of the AMA House of Delegates saw more activity than usual from Massachusetts. Most notable were the efforts of John Ayres, who personally championed the concept of a compensation fund for children with sequellae from compulsory immunization. Three separate resolutions incorporating this idea seemed destined for defeat until John neatly rephrased them and delivered the idea to the Board of Trustees for future action.

The meeting began on a jubilant note with the recent passage of the Luken-Lee amendment to the FTC appropriation bill. This enjoins the FTC from further harassing organized medicine and may allow removal of the restraint order currently in effect. Unfortunately, this hard-fought victory was offset by the passage of the Durenberger Amendment to the Tax Equity and Fiscal Responsibility Act. (TEFRA)

of 1982. This sleeper amendment has restored PSRO in a new form (USQPRO). It has been followed by a series of very unpleasant regulations now awaiting comment. The AMA is hard at work in our behalf, but they have encountered a new intransigence at HHS, who currently seems far more interested in cost-cutting than quality medical care. More complete reports on the myriad activities of the AMA will appear soon in the H.D.M.S. and MMS news letters.

To turn from work to refreshment, I would like to wish each of you a most Happy Holiday and wish you well for the New Year. The Christmas Season should permit us to count the many blessings accorded physicians in twentieth century America. For the New Year, may we all resolve to serve our patients more diligently and cooperate with our fellow physicians more effectively. □

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Health Care Coalitions: One Alternative for Control of Health Care Costs.

While the medical profession today faces many continuing problems, the one over-riding and continuing concern which appears consistently is that of the cost of medical care. Over the years, by various means society has encouraged the development of the finest health care system in the world. Now, not surprisingly, it finds it too expensive. There are those who believe the system needs to be cut back, slowed down in development, and certainly financed in a different fashion.

While the problem seems simple enough, the solution is somewhat more elusive. Thusfar it seems that it is the hospitals and physicians who have succeeded so well, that now get the blame for the problems we face. It seems to be a basic understanding on those trying to solve the problem that there is a simple solution where none exist. It is a multi faceted problem created by many segments of our society, and the solution must be addressed equally so.

Before talking about some of the possible solutions, perhaps we should be sure that we understand the contributions to the cost of health care. No one can deny the impact of general inflation in health care. It is estimated that inflation alone is responsible for sixty percent of the increase in health care costs. About thirty percent is attributable to increased demand per capita and ten percent is due to population growth.

The change in demography of our population is certainly a contributing factor as well. Eleven percent of the United States population is sixty-five years and older, and accounts for twenty-six percent of all days in community hospitals, and one third of all health care expenditures. People over sixty-five go to the doctor approximately four times as often as those under sixty-five. According to the United States Department of Health and Human Services, catastrophic illness costs more than twenty billion dollars. The aged and the institutionalized account for eighty percent of that total. Certainly the aged use a disproportionate share of health resources.

In medical sciences, there has been a veritable explosion of new technologies. At a major teaching hospital the chairman of the Department of Radiology observed, "A third of our faculty is involved with equipment and methodology essentially unknown five years ago." The advent and purchase of technology has contributed enormously to the quality of health care but also to its cost. The question emerging is to what extend is society able and willing to pay for those technological advances, and are they willing to accept a science standing still.

There is no question that the medical profession must bear some responsibility for if not merchandising health care, at least making sure everyone knows what is available, and tries to make sure that everyone utilizes it appropriately. Obviously there is possibility for over-utilization and the profession can and is addressing this issue. However, with the development of new technology, utilization of services not previously known tend to increase rapidly and increase the cost. For example in 1967, six hundred and fifty people in the United States were on kidney dialysis. In 1980 that number was sixty-four thousand. In 1981 the United States paid out 1.5 billion dollars for dialysis. By 1990 the tab is expected to reach six billion! Over-utilization of the health care system is a major cost factor. One recent study indicated that from fifty to eighty percent of visits made to the hospital emergency rooms were made by individuals not requiring emergency treatment. Over-utilization also occurs as a consequence of insurance. A recent Rand Corporation study reported that individuals with first dollar coverage use the Health Care System twice as often as those who have to pay for all or part of their medical bills.

And finally we must look at what lifestyle is doing to the medical care bill burdening this nation. It is estimated that if our citizens lived a healthier lifestyle, health care costs would be cut in half. The elimination of cigarette smoking alone would reduce the cost of medcial care by eleven percent. Alcohol abuse causes ten percent of all health care expenditures. According to the federal government's estimates, illness and accidents caused by self-destructive lifestyle for the Unites States accounted to more than half of the two hundred and forty-seven billion dollars spent on health care in 1980.

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Quite clearly we are dealing with a complex problem to which there is no simple solution, and in which there are many players. The American Medical Association has realized for some time that the federation of medicine is not the only player in the complex medical health services scenario. In mid 1978 American Medical Association representatives began to sit down with representatives of business and labor to discuss common problems, especially in relation to the cost of care and the burden of federal regulation on both sides. Eventually, we had met with nearly five hundred executives from one hundred of the top Fortune Five Hundred corporations. Those visits were successful in revealing common concerns of both medicine and business, and lead to an A.M.A. recommendation that State and County Medical Societies establish dialogues of their own through local health care coalitions. This concept has stimulated the formation of a national coalition. The American Medical Association has joined the American Hospital Association, the Blue Cross and Blue Shield Association, the Business Roundtable, The Health Association of America, and the AFL CIO to endorse the concept of voluntary coalitions that include broadbased membership. For the A.M.A. it's a natural extension of past cost effectiveness activities, and it is a part of a network to help encourage local medical groups including State Medical Societies; to establish effective communication ;with their local businesses and industry.

Organized medicine supports increasing opportunities to develop cost-effective and equitable forms of provider payment, as well as the development of effective programs for health promotion and disease prevention in the work place. We strongly emphasize the importance of meaningful physician participation to help preserve the quality of medical care, and we believe such efforts should occur at the local level as well as national levels.

In fact, the A.M.A. believes coalitions promise to be one of the most effective mechanisms for containing health care costs. By involving business, labor, insurers and providers and cost effective activities, coalitions provide a theater of action in which all the important players

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may participate. Even though no earth-shaking solutions may be found, coalitions can provide a better base of support to implement programs already proven effectively. Our involvment in coalition speaks well of organized medicine's committment to reducing costs. It also helps to show that medicine and business are not opponents in cost reduction, but rather components in cost-effectiveness efforts. Through our corporate visitation program, the A.M.A. has discovered that many business representatives really don't understand the importance of the role the provider plays. They also told us that, as health care providers, we need to be more aware of the impact our decisions have on industry and business. An important part of coalitions, then, is the opportunity to eliminate misunderstanding and concentrate on mutual concerns.

Coalitions provide business's with the opportunity to communicate their concerns to organized medicine and help find joint solutions to shared problems, as well as provide employees with a wider range of health knowledge and expand executive staff knowledge of health problems, solutions and the overall health care environment. This increased knowledge can, in turn, enhance both the fiscal as well as physical durability of the company, helping it to present an improved image to the public and provide guidance for other industries.

Organized medicine also benefits from coalition participation. Our participation helps medicine maintain a leadership role in health care

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decision making, allows us to help draft medical health care decisions with an eye toward both the quality and cost of such care, and contributes to our image as concerned professionals, and image that can come under misdirected fire.

But although nearly one hundred coalitions are successfully operating around the country, some business leaders in some communties are still resistant to the idea. Some of these leaders may simply be traditionalists who resist change. Some have said they fear being overwhelmed by the resources of organized medicine, and there may even be some who seek to protect their employees, or perhaps their budgets, by forming coalitions that specifically excluded physicians. Fortunately, this attitude of dam the physicians and full speed ahead is being eclipsed by an attitude more favorable to physician and business participation.

Numerous medical societies have successfully interacted with local business leaders. Some have even made exceptional progress, for example physician members of the Jefferson County Medical Society and business representatives in Birmingham, Alabama have shared equal representation on the Birmingham steering committee ever since January of 1980. Their studies and recommendations have improved the quality of health care in Birmingham and at the same time have managed to significantly decrease the cost.

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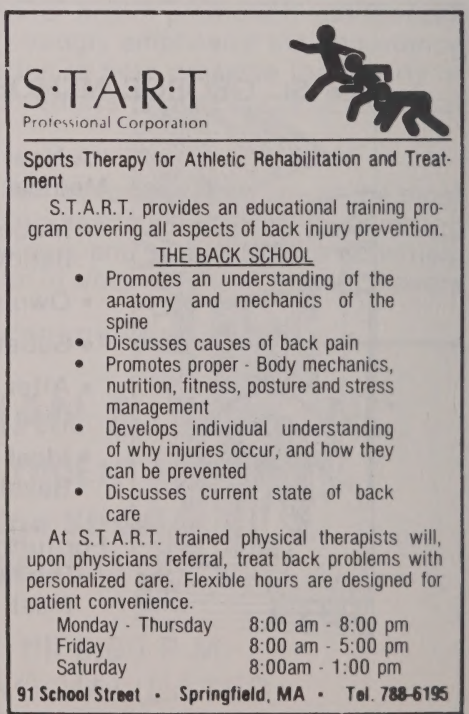
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Physicians can and often do work successfully with members of the business community in addressing vital medical health care issues, and business and industry are finding that they too can work with physicians. As mentioned earlier, no earth-shaking results are anticipated from these coalitions. Indeed it is not at all certain that it is possible to slow down this rush to high technology, high cost care. Currently all of the incentives are wrong: Patients don't want to pay out of their own pockets, hospitals each want to be self sufficient, science dicates more and more be done, physicians with shrinking incomes and increasing competition want to get the most out of each patient encounter, in defense of medicine to avoid suits further pushes up utilization and costs.

One thing, however, is absolutely certain; we need to open up lines of communication, understand each other's problems and concerns better, and in the process develop a sense of cooperation, and understanding not now existing. Society must decide how much they are willing to spend on health care. In cannot be left to government bottom line economic mentality.

By participation with other groups, physicians can demonstrate a sense of responsibility, of restraint, that will contribute to the ultimate solution of a very complex and a very important problem, our own future and the future of patient care is at stake. We cannot ingnore this issue. □

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Because we lack the ways to be at ease.
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With its high goals, ideals for all to woo.
Help us to shun the road of woe and sin,
Of error, crime, attrition, war and vice;
Help us to walk with pride and lifted chin,
And from our hearts dispel umbrage and ice.
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Again you foster love and brotherhood;
You give refreshing help to our tired mind,
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CANCER

The 13th International Cancer Congress, in Seattle, September 8-15, involved 4,000 presentations from 8,000 members, representing 95 nations. The last previous Congress was in Buenos Aires in 1978. The next Congress will be in Budapest in 1986. Dr. William B. Hutchinson, Chairman, Fred Hutchinson Cancer Research Center, Seattle, served as President of the Congress. Advances in cancer researach, well documented in a 74 page publication by the National Cancer Institute ("Decade of Discovery: Advances in Cancer Research 1971-1981") is available from NCI, and may be obtained on request.

Carcinogenesis and epidemiology are better understood than ever before. It has been said that the primary cancer, which causes more cancer deaths worldwide than any other, is liver malignancy. There is now hope that the availability of vaccine for hepatitis will minimize this problem. It is rather interesting that cancer of the urinary bladder has been the most frequent cancer in Egypt, as a result of bilharzia parasites. In the past two decades the number of refrigerators in Japan has increased by factor of 10.5. This seems destined to reduce the number of cancers of the stomach in the population. In China, 800 million of the billion population have been surveyed with variations of cancer of the esophagus from five hundred per thousand in some areas, to 55 per hundred thousand in other areas. The information collected permits corrective procedures. The Ames Test, developed in California by Bruce Ames 14 years ago, has been effective in identifying carcinogenic properties in 85% of tests attempted. The worldwide interest in tobacco linked cancer continues. In the United States, more than 25% of cancer deaths are tobacco linked. In Sweden, Britain, and Canada, nicotine chewing gum is being clinically tested. If this were to replace completely all smoking, then upper respiratory and lung cancer, as well as emphysema from smoking, would be controlled. Diseases related to nicotine would not be controlled.

Expansion in diagnosis included computerized and interventive medical imaging techniques. Endoscopy, with spray for staining of surfaces observed at magnification 100 times, has improved accuracy

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of tumor diagnosis in Japan. Improved identification of tumor markers and receptors have been helpful guides for diagnosis and therapy.

The international cooperation on staging and clinical trials has made efforts against cancer more effective, and exchange of information more meaningful.

Surgery remains an ideal method of treatment for operable malignancy. The limits of radiation and effectiveness of radiation therapy has been under study with reference to the use of radiosensitizers, hypothermia, pre-operative treatment, post operative treatment, electron beam therapy, the use of heavy particles, new fractionation techniques, and new techniques in brachytherapy. Chemotherapy has become more effective with judicious use of multiple agents. There is a commendable increase in multidisciplinary approaches to decisions on cancer management. Seattle has been a bone marrow transplant center with an international reputation. Recovery by autologous marrow, isogeneic marrow transplant, and allogeneic transplant, have opened the possibility of supralethal doses of radiation therapy or chemotherapy, or both, with recovery of the patient by administration of bone marrow following such treatments.

In the Hampden District, it is gratifying to see the multidisciplinary approach to the management of cancer, or as Dr. Tubiana, of Gustave Roussy Hospital in France, expresses it, "the integrative approach to cancer." Trained and experienced men in surgical, radiation, and medical oncology, are now available in our area. There is a continuing focus on the three major long term objectives of the American Cancer Society: research, professional and lay educations, and service. There is a commendable increase in interest in the plight of patients with advanced cancer, as well as the problems of their relatives. The attention to the hospice concept has been another local gain. Improved cancer management in our area has evolved over decades. The attention to cancer was enhanced in years past by the Tumor Section of the Westfield State Hospital and by the Cancer Cooperative. I believe that we are quite well equipped for patient oriented programs in cancer and are equipped to bring to bear on patient care the future advances in immunology, bone marrow transplants, nuclear magnetic resonance for diagnosis, and electron beam and other modalities in therapy. □

JOHN W. TURNER, M.D.

One of a series of invited articles.

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SPEAKER:	George L. Blackburn, M.D., Ph. D.
SUBJECT:	"SURGICAL TREATMENT OF MORBID OBESITY"
DATE:	February 14, 1983
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S.A.M. Library Up-date

During the months of October and November, the Health Science Library at the Academy has had numerous visitors, 81 in all, ranging form local college students to several law clerks from the U.S. Court system. We have filled 50 requests for photocopies of publications and ordered 43 books requested by members for their personal use. Remember by ordering books through the Academy you automatically get a 10% discount. We have completed 7 medical informational searches for physicians and sustaining members of the Academy.

As you may know, 1982 has been a chaotic year for the Academy as well as the library, having lost the services of Millie Martin who had served for seventeen years as Librarian. Hopefully we will be able to fill her shoes and are looking forward to serving you in 1983. Please don't hesitate to call 734-5445 Monday thru Friday from 9 a.m. to 4 p.m. □

PEG STOLER and SANDY BURKIN

IN MEMORIAM

Cal Stein embraced life whole-heartedly, with a vigor and acumen that lasted until his death on October 20 in his seventy-ninth year. In July, he wrote to inform me that ill health was prompting him to retire from professional activities "except for occassional lectures, research, tutoring or coaching and some free-lance writing." Cal's idea of "retirement" is a reflection of the way he pursued his many worthwhile endeavors.

Associated with the Springfield Hospital and Baystate Medical Center since 1931, and a member of its Medical Staff for over forty years, Cal had an abiding interest in, and involvement with, the institution. Over a period of 25 years, and long before there was a Department of Psychiatry, he conducted a teaching program in Psyschosomatic Medicine and Neurology at the hospital. During those early years, he took time from his clinical and academic pursuits to serve as a medical officer in the U.S. Naval Reserve, and to assume the presidency of the American Society of Group Psychotherapy and Psychodrama, as well as the American Society for Clinical Hypnosis.

To list his many honors and achievements, or to enumerate his many publications, would document the depth and breadth of Cal's interests and abilities. But such a litany of accomplishments could not capture the imaginative and fresh perspective he consistenly brought to issues of learning, teaching, psychotherapy, religion and the human experience.

Cal's last published article before his death was titled "Somebody Had to Care" and his latest book, awaiting publication, is called "*New Adventures in Biblical Psychology*." These two writings offer further insights into a life that was characterized by caring and by an ability to integrate powerful ideas into new visions. They offer a final glimpse at a sensitive and brilliant mind, a mind which touched many of us only briefly, but with lasting memories. □

BENJAMIN M. IANZITO, M.D.

Calvert Stein, M.D. died in San Diego, California on Wednesday, October 20, 1982 while visiting.

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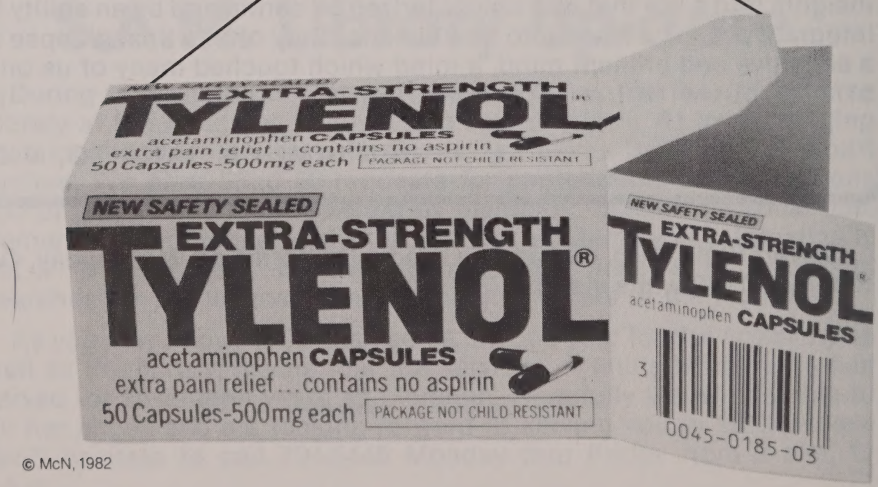

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IN MEMORIAM

Dr. Honore E. Gaudreau, 82 of Birch Point, a Springfield physcian for 52 years, died Sunday, October 24, 1982 in the Baystate Medical Center, Springfield Unit.

Born in Granby, Quebec, Canada, he came to Springfield, Massachusetts attending local schools and graduating from Commerce High School.

After serving in World War I, he entered Tufts College and graduated from its Medical School in 1924. While at the Medical School he was a member of the Medical School Honorary Society and served as a registered pharmacist.

Following graduation from medical school he was a house officer at the Springfield Hospital, Providence Lying In and the Massachusetts Eye and Ear Infirmary, later working in its out-patient clinic for seven years. He entered private practice in the Ludlow and Indian Orchard area for a few years before specializing in Opthamology until retiring in 1976.

He was a member of the Springfield Academy of Medicine, Hampden District Medical Society, the American Academy of Opthamology and Otolaryngology, and a Fellow of The American of Surgeons.

Being a very religious man, he was a communicant of St. John the Baptist and its League of the Sacred Heart as well as a retreatant of The Passionist Monastery, West Springfield for many years. He was an avid fisherman, especially when in pursuit of Canadian salmon. In his last 2-3 years he developed a keen interest in classical music, listening to the great symphonies and even reading all the literature he could gather about the personal histories of the great masters.

Dr. Gaudreau is survived by his wife Laura, two daughters, two brothers, three sisters, and seven grandchildren.

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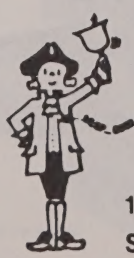

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Highlights of the November Executive Committee Meeting

Met on Monday, November 15, 1982.

Present were Drs. Hough, Walthall, Remsberg, Dean, Asinas, Ryan, Pacosa, Guardione, Bagamary, Stoddard, Mrs. Rich and Mrs. Purdy.

OLD BUSINESS

Dr. Franco Navazio appointed as Alternate Nominating Councilor and approved by the committee.

Offer of help given to agencies preparing Consumer Guides for the elderly.

An update from the AMA regarding FTC given. The MMS and HDMS responded favorably to the necessary action by contacting their Congressmen.

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A membership mailing was done to non members with the November issue of the Hampden Hippocrat.

NEW BUSINESS

Dr. Joseph Bagamary was appointed to fill the spot left on the Executive Committee by the resignation of Dr. Stagg.

Risk Management will be the topic of the Annual Meeting in April, 1983.

The active committee, Public Health report was read to the committee. (Minutes in this issue)

Capital punishment as pertaining to physicians giving lethal injections was discussed. After review the committee voted as follows: "That it is incompatible with the medical ethics for a physician to participate in a legal execution."

Dr. Hough gave a report of the Business/Medicine Coalition Seminar that was attended by around 160 persons.

Mrs. Rich gave a report. She was very praiseworthy of the October issue of the Hampden Hippocrat.

The meeting was adjourned at 9:50 P.M.

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SECURITY

The simple fact is that no one can afford to be without electronic security in their homes and businesses. Even the police admit they are having a hard time keeping up with the battle against burglary. Nearly 85% of burglars are juveniles, many prone to violence if caught in the act. And if you've ever had a break-in, deep psychological stress can often follow when we realize our personal space has been violated.

Many doctors store drugs and other desirable items in their homes and offices, making them a target for burglars. The unfortunate fact is that 90% of the systems installed in homes today are done so only after a burglary has occurred. Often times if an intruder does not find what he is looking for, he will vandalize property and even set fire to the premises. This can be disastrous if client files or records are destroyed.

There are many different types of protective devices which may be installed to detect the presence of an intruder. These could include magnetic contacts, motion detectors, photelectric beams, emergency buttons and smoke detectors, just to name a few. The heart of any alarm system is the control panel. This is the "brain" of the system and should contain a battery back-up system to allow the alarm to function even in the event of a power failure. Magnetic contacts may be installed on doors and windows so that when opened the alarm will trigger. Motion detectors are usually installed in central areas so as to detect an intruder walking through this protected area. Any "high-risk" areas where drugs or confidential client information is kept should be given added protection. If the alarm system is violated a siren or bell is normally activated. The idea would be to scare off the intruder or notify adjacent neighbors.

The system may also be directly connected to a police station or a 24-hour central station maintained by your alarm company. Should a signal be received by a central station their job would be to immediately notify the police or fire department, and also notify specific people designated by the client.

Each security system installed should be customer designed for individual application since no two businesses or homes are the same. A representative from the alarm company will discuss all possibilities with the perspective client. The decision of what kind of a system to purchase or lease often is a question of how much one is willing to spend and how much security is desired.

In choosing an alarm company one must be careful to select a reputable firm. The company should be approved by the Better Business Bureau and references should be provided. Check them out! For instance, remember the big ad campaign with masked intruders

who set off lights and bells when they touched a window? Many people purchased this expensive alarm only to find when they required service the company had closed its doors and was nowhere to be found. They also featured "life time" guarantees which should have made customers wary.

Another factor when choosing an alarm system is to see if the company is a U. L. listed installing company. This means the company has had to meet certain stringent requirements set forth by Underwriters Laboratories. One of the most important requirements is that when someone requests service on their system it must be performed within a maximum of 24 hours.

It is a sad reflection on the times when we must arm our homes, offices, and vehicles, but peace of mind gained through an alarm system far outweighs any other consideration. □

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Publications Committee

The Publications Committee met on Wednesday, November 3, 1982 at 1 P.M. in the Conference Room of the H.D.M.S.

Present were Drs. Ryan, Pacosa, Mrs. Miller, Mrs. Allard and Mrs. Purdy.

Topics to be discussed were:

1. Contents of general interest for future issues.
2. Support of the advertisers — how to get ads?
3. Plans for future issues.

Dr. Pacosa chaired the meeting. Discussion was held to combine the December-January issues of the Hampden Hippocrat. This is necessary for several reasons; financial problems, and because the Managing Editor will be away for some of December and also for the lack of material. Also at the holiday season bulk mailing is sometimes slow in getting mailed. This issue will be out in early January.

Future issues are planned as below:

FEBRUARY — Auto Safety, Child Safety, Legislations.

MARCH — Featuring the "detail men", a Pharmaceutical issue.

APRIL — Annual Issue — all committee reports published.

MAY — The Marketplace — featuring downtown Springfield.

JUNE — Featuring the Massachusetts Medical Society and other surprises.

Other topics and/ or suggestions for articles are Sports Medicine, Chemical Hazards, Public Health, restaurants, travels, nursing homes, handicapped, medical, legal and others.

If one of the members of H.D.M.S. wishes to write an article for the Hampden Hippocrat please contact Vivian Purdy and so indicate. □

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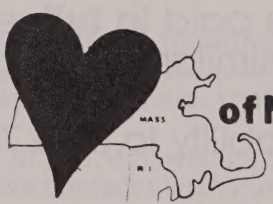

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